



FAST FACTS

From Dr. Katz High Quality • Patient Centered • Cost-Effective Health Care

October 27, 2014



Update from DHS Direc- tor Mitchell Katz, MD

This issue of *Fast Facts* is focused on Ebola

Virus Disease because I know that many of you have raised concerns about caring for patients with Ebola. We are regularly hearing new reports of Ebola cases in the U.S. and around the world that are concerning to the general public and to healthcare workers. It is natural to have anxiety about a disease we have not dealt with in the U.S. before. It is important to remember that there are no confirmed cases of Ebola in California and the risk of a sustained Ebola outbreak in the United States is very low. It is likely that additional cases will be seen in the U.S. among travelers from the involved nations in West Africa (Liberia, Guinea, Sierra Leone) or from those who have come in contact with those who are infected.

The very best way to address anxiety is to educate and prepare ourselves. DHS is working closely with its labor partner, SEIU 721,

and the Department of Public Health to develop plans and provide ongoing intensive education and prevention training to impacted staff in DHS' 23 facilities, based on the latest Centers for Disease Control (CDC) protocols. Focused training will be given to employees in DHS Emergency Departments, Urgent Cares, and other specifically identified areas where suspected Ebola patients would likely present or be cared for.

DHS has made several decisions you should be aware of: 1) LAC+USC Medical Center will serve as the primary DHS hospital where likely and confirmed Ebola patients within DHS would be transferred for treatment, based on its combined isolation/ICU capability. 2) We are working with SEIU 721 to identify a volunteer list of staff willing to care for an Ebola patient and their environment; there is no change to our policy of not requiring staff to provide care to a patient confirmed or highly suspected of having Ebola. 3) We will utilize personal protective equipment (PPE) that adequately protects staff by ensuring there is no exposed skin. Training in the proper donning and doffing (putting on and taking off) of PPE is occurring now and will be ongoing. 4) We will implement protocols that minimize the number of staff and areas of a facility that are potentially exposed to an

Ebola patient, such as restricting contact with non-essential caregivers, using point-of-care laboratory testing, and other measures.

Our goal is to take every precaution to ensure that DHS hospitals and clinics are prepared to provide initial, and if appropriate, ongoing management of a patient presenting with the virus while ensuring the safety of staff and minimizing the risk of exposure to others.

Keep In Mind:

- The risk of getting sick with Ebola is very low in the U.S. and in LA County.
- Ebola patients can only spread the disease when they have symptoms.
- A person must have direct contact with a patient's body fluids to be infected
- Ebola and flu share similar symptoms – that is why it is important to get a flu shot (influenza vaccination) and encourage others to be vaccinated as well. Also, proper hand hygiene is critical in staying healthy and preventing the spread of flu so please remember to wash your hands often.

Ebola Virus Disease Education

What is Ebola?

Ebola is a rare virus that causes a serious infection called Ebola Virus Disease. The virus was discovered in central Africa in 1976; there are outbreaks every couple of years on the African continent. The current outbreak is the largest and is concentrated in three West African countries: Liberia, Sierra Leone, and Guinea. In addition, there are two cases that were recently transmitted to healthcare workers in the United States and one that was transmitted in Spain.

Signs and Symptoms of Ebola — may appear anywhere from 2-21 days after exposure:

- Fever (greater than 38°C or 100.4°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal pain
- Rash
- Unexplained hemorrhage (bleeding or bruising)

How is Ebola Spread?

Ebola spreads from person-to-person by direct contact with an infected person's body fluids such as blood, vomit, urine, feces, saliva, and sweat. The virus gets into the body through broken skin or mucous membranes (moist skin like the kind you find in your eyes, nose, or mouth). Ebola can also be spread by infected objects (e.g., needles) that have been tainted with body fluids. Ebola cannot spread through the air, in food, or in water. Patients can only spread the virus while they have a fever or other symptoms. People who don't have symptoms can't spread Ebola.



Risk of Exposure:

Healthcare providers caring for Ebola patients and the family and friends in close contact with these patients are at the highest risk of getting sick. People are only contagious while they have symptoms—travelers who have been to West Africa but have no symptoms are not contagious even if they have been exposed to the virus.

Prevention:

Patients with symptoms consistent with Ebola AND who have traveled to countries that are part of the Ebola outbreak (currently Liberia, Guinea, and Sierra Leone in West Africa), or been exposed to sick people who have traveled to West Africa within the previous 21 days, should immediately be placed into contact and droplet isolation, with respiratory isolation (negative pressure room) if possible. The negative pressure respiratory isolation is an extra precaution in case the patient subsequently needs to undergo intubation. The virus is not transmitted through the air in normal circumstances.

(See 'Education' on back)

Frequently Asked Questions

Will I come in contact with Ebola patients?

Most people will never encounter a patient with Ebola. A patient suspected of having Ebola Virus Disease is most likely to show up in the ED or in an urgent care setting, and would be treated in an isolated ICU area.

Will DHS nursing and other personnel be required to care for an Ebola patient?

No. DHS is working with SEIU 721 to identify a volunteer list of employees who are willing and will be trained to treat Ebola-infected patients should that situation occur.

What should I do if I encounter a patient who has traveled to West Africa and has Ebola symptoms?

If you work in an area that has received specific training for this, then follow your protocol. If you work in another area, then you should ask the patient to put on a mask if they are available, and then ask the patient to wait someplace away from other people while you speak to your supervisor and find a room with a door where the patient can be isolated until you get further instructions. After putting the patient in the room and closing the door, work with your supervisor to contact epidemiology or infectious disease if you are at a hospital, or if you are at an outpatient site, call the Dept. of Public Health at (213) 240-7941 so you can get further instructions.

What is DHS doing to protect patients, workers, and members of the public in our facilities from Ebola exposure?

First, we are acquiring the necessary personal protective equipment (PPE) to ensure that any person working with a patient who might have Ebola is protected. Second, we are designating rooms and areas where such patients can be isolated until it is determined that they do not have Ebola, or they are transferred to LAC+USC for care. Third, in part-

nership with SEIU 721, DHS Epidemiology and Infectious Disease, staff is providing education with the most up to date information from the CDC and other experts in all impacted wards, units and departments across DHS's 23 facilities.

The training you receive will depend on where you work, what you do there, and whether you have volunteered to care for a Ebola patient or take care of their environment. Training includes education in screening and isolating patients, proper use of PPE, transportation of patients, disposition of medical waste, handling of labs, and cleaning of the exposed environment. Broad training to all staff will be ongoing, but not all staff needs the same level of training. Employees who work in the ED, urgent care and isolation areas will be trained first and receive the most intensive training.

If there is an outbreak in LA County, will the current healthcare system be able to treat surges of patients?

The chance of a sustained outbreak in the U.S. or LA County is very low. All hospitals should be preparing to isolate and treat suspected cases to contain any spread of Ebola. The CDC and the Pentagon have also committed resources to aid any hospital treating an Ebola patient.

Can I get Ebola from talking or sitting next to someone infected?

Ebola is only contagious when someone infected is symptomatic. Ebola symptoms, such as high fever, can also be symptoms of other infectious diseases, like influenza. The very best precaution is to avoid direct contact with persons with exhibiting signs of fever, diarrhea, or bleeding.

Are DHS facilities prepared to handle an Ebola case?

Yes, staff is being trained and we have the proper protective equipment to prevent exposure and ensure the safety of our patients and staff. As we get updated information from the CDC, including any revision to protocols, we will immediately make necessary



2014 Ebola Outbreak in West Africa - Outbreak Distribution Map (Source: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>)

changes and share that with impacted staff. Training and education will be ongoing.

What kind of protective gear will DHS staff have and is it available now?

The CDC issued enhanced PPE guidelines on 10/20/14, and we are working to acquire all of the PPE described in the enhanced guidelines. This will include, head covers, face shields, Tyvek suits, boot or leg covers, and respirator masks.

If I don't feel properly trained, what should I do?

Ask your supervisor if you are in an area where there is potential to come in contact with an infected patient. If you are in such a location, explain that you need additional training, or contact your facility's Chief Medical Officer.

What are other facilities like private hospitals and doctor's offices doing to treat suspect cases?

The Department of Public Health is issuing information to private medical practices and hospitals on how to identify, isolate, report and handle a suspected Ebola case. If the private hospital is equipped to care for an Ebola patient, then the patient will be treated there. If the patient is in a private doctor's office, arrangements will be made through EMS and the Department of Public Health to transport the patient to a facility where they can be tested and cared for as necessary.

(‘Education’)

Personal Protective Equipment (PPE):

PPE is an essential way to prevent transmission of Ebola virus to health care workers. To be maximally effective, PPE must be water resistant and cover all exposed skin. PPE consists of a water resistant jumpsuit or gown, double-gloves, N95 respirator, face-shield, surgical hood to cover the head and neck, and boot and/or leg covers that go

to mid-calf. Depending on the patient's symptoms and the procedures being performed, it may be necessary to use additional PPE such as a waterproof apron or powered air purifying respirator (PAPR). Regardless of the exact PPE used, the equipment is only effective in protecting the health care worker if it is put on (donned) and taken off (doffed) correctly, following a strict sequence of actions and avoiding contamination during the removal process. Personnel must be carefully trained in donning and doffing PPE with a trained observer.

Treatment:

There is no FDA-approved vaccine or medicine for Ebola. Instead, treatment is focused on managing symptoms: providing IV fluids, correcting electrolyte imbalances, maintaining oxygen status and blood pressure, and treating other infections if they occur. Recovery from Ebola depends on good supportive care and the patient's immune response.